

PSHC 2
L. Guerra

FORM TO BE USED IN FILING COMPLAINT UNDER
THE CIVIL RIGHTS ACT, 42 U.S.C. 1983

IN THE DISTRICT COURT OF THE UNITED STATES
FOR THE WESTERN DISTRICT OF NORTH CAROLINA
Asheville DIVISION

1:03cv 202-mu-2
(Leave this space blank)

FILED
2003 AUG 13 PM 4:25
U.S. DISTRICT COURT
WESTERN DISTRICT OF NORTH CAROLINA
ASHEVILLE

Freddie Taylor

(Enter the full name and address of the
plaintiff or plaintiffs)

v.

PRISONER NO. 0400168

MRS SUE MEDFORD, MR KEITH OSTEN,

N.C. department of Correctional,

Medical Utilization Review Board, NURSE DODFREY

(Enter the full name and address of the
defendant or defendants)

I. Have you begun other lawsuits in state or federal court
dealing with the same facts involved in this action?

Yes _____ No ✓

If your answer is "Yes", describe each such lawsuit in the space
below (or on additional sheets if necessary):

Who was (were) the plaintiff(s) in the previous lawsuit?

Who was (were) the defendant(s) in the previous lawsuit?

In what court was the suit brought? (If in federal court, name the
district; if in state court, name the county)

Date suit was filed: _____

Docket number (if known): _____

How did the lawsuit end? (For example, was it dismissed? Was it tried? Was it appealed? Is it still pending?)

II. Place of present confinement: SOUTHERN Correctional Institution P.O. Box 786 Troy N.C. 27371
(Give name and address of place of confinement)

III. Give name and address of person to contact should your address change: _____

IV. Parties

(In item A below place your name and address first. List the names and addresses of any other plaintiffs.)

A. Freddie Taylor: P.O. Box 786 Troy N.C. 27371

(In item B below place the full name of the defendant, his official position and his place of employment in the first blank. List the names, official positions and places of employment of any other defendants in the remaining space.)

B. ① Mrs SUE Medford is employed as a RN. Nursing Supervisor II At _____ at Marion Correctional Institution P.O. Box 2405 Marion N.C. 28752.

② Mr Keith Osteen Asst. Superintendant For Programs At Marion Correctional Institution

③ Nurse Dodfrey Asst. Nurse At Marion Correctional Institution, AND the N.C. department of Correctional Utilization Review Board AND Nurse Delra Rodatz L.P.N. and Doctor Jagust

V. Statement of claim

State here BRIEFLY the FACTS of your case. Tell what each defendant did. Include also dates, places and the names of other persons involved. If you intend to allege a number of related claims, number and set forth each claim in a SEPARATE PARAGRAPH. Use as much space as you need. Attach extra sheets if necessary.

Preliminary Statement

This is A Civil rights Action Filed by Freddie Taylor, A State Prisoner, For damages AND declaratory judgment AND injunctive relief UNDER 42 USC 1983, Alleging deliberate indifference in denying the PLAINTIFF Adequat medical Care to serious medical Needs in Violation OF the Eighth Amendment to the U.S. CONSTITUTION The defendants is being sued in their OFFICAL AND INDIVIDUAL CAPACITY

Jurisdiction

① The Court has jurisdiction over the PLAINTIFFS Claims OF Violation OF Federal CONSTITUTIONAL rights UNDER 42 USC 1331(A) AND 1343

②

The Court HAS Supplemental jurisdiction over the plaintiff's State LAW tort Claims UNDER 28 U.S.C. 1367

③ The Plaintiff Alleges that the defendants NAMED Above deprived him OF A Federal AND CONSTITUTIONAL right, AND the defendants who deprived the Plaintiff OF that right ACTED UNDER color OF State LAW.

FACTS:

THE Plaintiff A N.C. State Prison inmate
who was at the time of said incident
the Plaintiff was confined at the Marion
Correctional Institution in Marion N.C.

At the time of Plaintiff confinement to
Marion Corr. Institution he was being
(CONTINUE ON ATTACHED)
PAGES # ONE

VI. Relief

State BRIEFLY exactly what you want the court to do for you.

Wherefore, Plaintiff requests that the Court
grant's the following relief;

A- Issue A declaratory judgment stating that:
①- The defendants denying the Plaintiff medication
due til a budget restraint is deliberate indifference
to the Plaintiff serious medical needs. And
Violate's the Eighth Amendments to the U.S
Constitution. (See Attached Pages) # 9

Signed this 6 day of Aug 6, 03, ~~10~~ 0. F.T.
2003

Freddie Taylor

(Signature of plaintiff or plaintiffs.)
All who are plaintiffs must sign.

Subscribed AND sworn
to before me this 6th
day of August 2003

Emma C. Wynn
Notary Public

04-05-05

①

CONTINUE FROM PAGE
3-4 STATEMENT OF CLAIM

Administered Prevacid A Medication For A medical disorder OF gastro-Esophagus Flex disorder which CAUSES high stomach Acid production.

The prevacid was prescribed for the Plaintiff to minimize the high stomach Acid production in the Plaintiff stomach.

The prevacid was also prescribed to the Plaintiff to prevent the development OF And ulcerated And Hiatal Hernia condition, which is A medical disorder that CAUSES serious pain AND discomfort, AND even result in death if went UN-treated.

Moreover, ON Chart review OF the Plaintiff medical record ON Feb 25, 02 the Physician Doctor Terrapin AT Marion Correctional changed the Plaintiff Medication From Prevacid to Rantidine which was dispense For Zantec

Ⓐ Delayed medical treatment

Thereafter over A period OF time

2

From March 27, 2002 until Oct 8, 2002 the Plaintiff repeatedly complained to the medical staff at Marion Correction Institution that the RANITidine he was being administered wasn't doing his medical condition any good.

The Plaintiff also made it clear to the medical staff that he was suffering great burning and pain in his esophagus.

ON MAY 7, 02 after making several complaints to medical concerning the RANITidine not doing his medical condition any good. The Plaintiff was taken to Valdeese Hospital to see the gastro-internologist.

The Plaintiff explained to the doctor specialist JUNEEL MOHAMMED who was the treating doctor. That he suffered the medical disorder of gastro-esophagus Reflux disorder which causes excessive stomach acid production.

The Plaintiff also explained to the doctor that he was taking RANITidine but his medical condition had gotten

(6)

Specialist the day before.

The Plaintiff then Filed A grievance At this Point requesting For the medication Prescribed For him ON August 6, 2002 by doctor Specialist Suneel Mohammed.

Moreover, two weeks Later the defendants in response to the Plaintiff request. It was stated by Mrs. SELE Medford Nursing Supervisor AT Marion Correctional institution, That the specialist doctor Suneel Mohammed medical order was only A recommendation And did not have to be recognized. Because doctors, other then doctors employed by the North Carolina department of Correctional Medical order had to be approved by the medical utilization review board first before their medical Plan was sufficient.

From August 6, 2002 UNTIL OCT 8, 02 the Plaintiff was Administered inadequate Medical Care for two months.

⑦

The defendants denied the Plaintiff Prevacid the specialist Suneel Mohammed ordered for the Plaintiff on August 6, 02. The defendants continued to administer Ranitidine to the Plaintiff there after for 49 days, with the knowledge that Ranitidine had been discontinued for the Plaintiff medical needs, by a gastro-intero-logist specialist doctor Suneel Mohammed.

The defendants denial of adequate medical care for the Plaintiff serious medical needs for two months constitutes deliberate indifference and violates the Plaintiff Eighth Amendment rights; to the U.S. Constitution.

The defendants know of and disregarded a substantial risk of serious harm to the Plaintiff health.

The defendants to deny the Plaintiff a doctor specialist prescribed medical plan.

8

Violates the Plaintiff Eighth Amendment rights AND constitute deliberate indifference to the Plaintiff serious medical needs.

The defendants, Mrs Sue Medford, Mr Keith Osteen AND the utilization review board to deny the Plaintiff medication Prevacid, because of a budget restraint OR NOR medical grounds constitute deliberate indifference to the Plaintiff serious medical needs in violation of the Eighth Amendment to the U.S. Constitution.

ON information AND belief when A Prisoner Files A grievance. The grievance staff call the matter to the attention of those individuals responsible for the matter that the grievance concerns.

The Plaintiff ~~have~~ has exhausted all available administrative remedies. SEE (Exhibit * ONE, TWO, AND Three Attachments).

The Plaintiff at this time respectfully pray that this Honorable Court will allow the Plaintiff Petition.

(10)

be examined by a qualified interologist AS SOON AS possible to check for ulcerated, Hiatal Hernia AND CONCERIOUS medical disorders.

The Petitioner Also request AN injunction to be issued ordering the treatment to be carry out without delay by such, North Carolina department OF Correctional Personels who have Custody OF the Petitioner.

C - Issue

Compensatory damages in the Following Amount:

① - \$500,000.00 jointly AND severally Against the defendants who Are being sued in their OFFICIAL AND individual Capacities. The Medical Supervisor II AT MARION Correctional Institution, Mrs Sue Medford R.N., the North Carolina Medical Utilization Review board AND Assistant Superintendant For Programs AT Marion Correctional Institute Mr. Keith Astern AND Nurse Jody Frey

(11)

For the Physical injuries AND
Physical Pain AND suffering sustained
AS A result of the inadequate medical
Care.

D- Award Punitive damages in the
Following Amount:

① - \$250,000.00 each Against the
defendants, in their official AND
individual Capacities, Nursing Supervisor
II Mrs Sue Medford AND Mr Keith Osteen
Assistant Superintendant For programs
AT Marion Correctional Institution,
Nurse Godfrey AND the North Carolina
department OF Correctional Utilization
review Board.

Verification

I declare UNDER PENALTY OF Perjury
that the foregoing statements are
true AND correct to the best of
my knowledge except AS to those matters
that are stated in it ON information
AND belief AND AS to those matters I
believe them to be true.

Certificate of Service

This is to Certify that the Foregoing document was this day served upon the Following by depositing the same in the United States mail, Postage prepaid, AND Addressed As Follows:

Clerk's Office
United States District Court
309 U.S. Courthouse Bldg.
100 Otis Street
Asheville North Carolina
28801-2611

This the 6 day OF August 2003

/s/ Fredrick Taylor

Subscribed AND Sworn
to before me this the 6th
day OF August 2003

Emma C. Jew

04-05-05

Exhibit
ONE

NORTH CAROLINA DEPARTMENT OF CORRECTION
DIVISION OF PRISONS
ADMINISTRATIVE REMEDY PROCEDURE

1. Inmate Name: Freddie Taylor 2. Inmate No.: 0400168
3. Location: Mountain View Corr. Inst 4. Date: 12-21-02
5. Grievance Statement: I AM A INMATE CONFINED AT MOUNTAIN VIEW Correctional Institution in spruce pines North Carolina. I AM writing this Grievance on the following individuals for denying me medication Prevacid and due til A budget restraint, AND issuing me medication ZANTO For 49 days AFTER the specialess NASTIC interologist had discont it on August 6, 02. The Named individuals who denied me medication AND Adequate medical care is Listed AS Follows:
(1)-Mrs Sue medford R.N. Nursing supervisor II medical staff At Marion Correctional Institution (2) - Mr Keith Osteen Assistant superintendent For programs At Marion Correctional Institution. (3) Dr Rosemary Jackson Assistant Director of medical service AND director of N.C. department of Correction medical utilization review Board. (See Attachment Page
6. What remedy would resolve your grievance?: Award me compensatory damages For physical pain AND suffering AND Emotional distress, For there deliberate indifference to provide Adequate medical care to me.
7. Inmate Signature: Freddie Taylor

OFFICIAL USE

8. Date received: 12/21/02 9. % Lopez Stewart
Receiving Officer Signature
10. ☐ This grievance is returned and can only be accepted when your current grievance completes step two.
11. Date delayed: 1/1 12. _____
Screening Officer Signature
13. The grievance is rejected for the following reason(s): (Enter Code) _____
A. State or Federal Court Decision B. Parole Commission Decision C. Appeals disciplinary action
D. Action not yet taken E. Exceeds 1 year time limit F. Remedy for another inmate
G. More than one incident H. ARP procedures not followed I. Violates Disciplinary No. 38
J. Beyond control of DOC

If grievance is rejected, # 13, # 14, # 15, and # 16 are completed by the Screening Officer, a photocopy of grievance is forwarded to Superintendent for review, and the original grievance is returned to inmate.

14. Rejection Justification: _____
15. Date rejected: 1/1 16. _____
Screening Officer Signature
17. Date accepted: 12/30/02 18. [Signature]
Screening Officer Signature
19. Grievance No.
4855-2002-775

Item #13, 15, or 17 to be completed within 3 calendar days of item #8.

Distribution: White to point of final disposition, Blue for Unit record; Green to inmate.

However After Forwards A Letter to Mrs Sue Medford R.N. Nursing Supervisor of Medical Staff At Maricopa Correctional Institution requesting for And explanation why I was being denied the medication the Specialist Gastro-internologist order for me on August 6, 2002. The medication that is in question, is Prevacid. Mrs Medford responded by saying that the director Dr. Rosemary Jackson of the Utilization Medical review board ordered prevacid be taken off the Approved medical list, because of a budget restraint.

Mrs Medford Further stated that the Utilization review board is bottom line saving money.

She Further states that outside insurance companies are doing the same thing, they deny expensive drugs and people's have to pay the full cost if they choose to take them. Mrs Medford Further states that the drug companies are getting rich from expensive drugs. Mrs Medford Also stated that the Medical Utilization review board was in Agreement. Mr Keith Cullen reviewed these statements that was made by Mrs Sue Medford in relation to my serious medical need, and agreed with her and recommended, No Further Action.

Attachment Page to Grievance
Submitted on 12-21-02 by
Inmate: Freddie Taylor # 0400168
At Mountain View Corr. Inst.

OF 49 days that I WAS in Serious Pain.

I Also explained that I needed the medication
the Specialist Gastroenterologist ordered for me
on August 6, 2002 (Prevacid). Because, the (ZANTAC)
the Specialist had discontinued August 6, 02
didn't do my medical condition no good AND
the ZANTAC caused me serious side effects.

The named individuals knew OF AND disregarded
A substantial risk OF serious harm to my health.

A medical need is considered serious if it
causes pain, discomfort or threats to good health.
Budget constraints do not excuse prison officials
liability for inadequate medical care.

The named individuals WAS AWARE OF the fact
that the Gastroenterologist had diagnosed me
AS having AND Ulcer in my esophagus. They also
knew that I WAS in serious Pain.

NORTH CAROLINA DEPARTMENT OF CORRECTION
DIVISION OF PRISONS
ADMINISTRATIVE REMEDY PROCEDURE

Step One - Unit Response20. Grievance No.: 4855-2002-77521. Inmate Name: FREDDIE TAYLOR22. Inmate No.: 0400168

23. Grievance Response (Item #25 to be completed within 15 calendar days of date in item #17):

Inmate Taylor, I have reviewed your complaint and submit the following: A statement from Ms. Sue Medford, Unit and Nursing Supervisor at Marion Correctional Institution, explains that when an outside doctor makes a recommendation for an inmate it is only a recommendation and has to be approved by the facilities doctor before it is considered as a medical order. The Utilization Review Board in Raleigh did not approve the Prevacid that was recommended for you, but they did approve Protonix as a substitute. The drug Prevacid is no longer on the GPO formulary and has to be UR approved. If it is not approved there is no money to pay for it. Ms. Medford and her staff have followed correct policy and procedure in the way they have handled your medical needs. There is no evidence to suggest negligence or indifference by anyone involved in this matter.

No further action recommended.

24. Date: 1-10-0325. [Signature]
Superintendent Signature26. (A) ☐ Agree with grievance response(B) ☒ Appeal to Step Two (24-hour limit)27. Date: 1-21-0328. [Signature]
Inmate Signature**Step Two - Area/Complex/Institution Response**

29. Step two response (Item #31 to be completed within 20 calendar days of date in item #27):

Your grievance has been properly responded to in Item #23 by E Unit Staff.

No further action recommended.

30. Date: 02/21/0331. [Signature]
Administrator Signature32. (A) ☐ Agree with grievance response(B) ☒ Appeal to Secretary, DOC (24-hour limit)33. Date: 2-12-0334. [Signature]
Inmate Signature

Exhibit
* Three

NORTH CAROLINA DEPARTMENT OF CORRECTION

STATE OF NORTH CAROLINA

MICHAEL F. EASLEY
GOVERNORFINESSE G. COUCH
EXECUTIVE DIRECTOR

INMATE GRIEVANCE RESOLUTION BOARD

P. O. Box 29540, Raleigh, NC 27626-0540

REV. CHARLES BULLOCK
CHAIRMANMEMBERS
LUCIEN CAPONE III
FRANCES L. DYER
JAMES C. JOHNSON
HILDAGENE REID**Administrative Remedy Procedure****Step Three**

35. Inmate Name: Taylor, Freddie	36. GRB Grievance No.: 131737
37. Inmate No.: 42535-76 - 0400168	38. Unit Grievance No.: 4855-42-775
39. Location: Mountain View #4255	40. Date Received: 2/21/03

41. **GRIEVANCE EXAMINER: Findings and Disposition Order.**

Freddie Taylor filed this grievance on 12/21/02 at Mountain View #4855 alleging "Deliberate indifference to provide adequate medical care to me." Investigation reveals that a statement from Mr. Lee Medford, RN, Nursing Supervisor at Marion CI, explains that when an outside Doctor makes a recommendation for an inmate, it is only a recommendation and has to be approved by the Facility's Doctor before it is considered as a medical order. The Utilization Review Board in Raleigh did not approve the Prescrib that was recommended for you but did approve Protonix as a substitute. The drug Prevacid is no longer on the DOC formulary and has to be UR approved. If it is not approved, there is no money to pay for it. Ms. Medford and her staff have followed correct policy and procedure in the way they have handled your medical needs. There is no evidence to suggest negligence or indifference by anyone involved in this matter. Sign up for your call if you have further medical concerns.

This Examiner has carefully reviewed this grievance and the DC-410B response by staff. From this review, I am convinced that staff has adequately addressed this inmate's grievance concern.

On this record, it appears that proper action has been taken by staff to resolve the problem grieved by this inmate. That being the case, this grievance is hereby considered resolved by DOC Staff.

42. Date: 2-4-0343. 

Inmate Grievance Examiner

DISTRIBUTION: Originals (DC-410, DC-410A, & DC-410B) to location of final action.

cc: [] Unit Superintendent
[] Area Administrator
[] In-State Jail Command
[] Out-of-State Command
[] Private Substance Abuse Command

United States District Court

WESTERN

DISTRICT OF

North Carolina

Freddie Taylor

Plaintiff

APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

MRS SUE Medford,

Defendant

CASE NUMBER:

I, Freddie Taylor declare that I am the (check appropriate box)

☐ petitioner/plaintiff/movant

☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC. §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Part 2)

If "Yes" state the place of your incarceration

SOUTHERN CORRECTIONAL INSTITUTION
P.O. Box 786 Troy N.C. 27371

Are you employed at the institution? No Do you receive any payment from the institution? _____

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

July 1987 minimum wage

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have **any** cash or checking or savings accounts?

☐ Yes

☒ No

If "Yes" state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

NONE

I declare under penalty of perjury that the above information is true and correct.

8-6-2003

DATE

Fredrick Taylor

SIGNATURE OF APPLICANT

NOTICE TO PRISONER: A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

IBSR140 (60)

NORTH CAROLINA DEPARTMENT OF CORRECTION
 TRUST FUND ACCOUNT STATEMENT
 FACILITY: 3600 - SOUTHERN CI
 FOR: 02/01/03 - 07/31/03

08/05/03
 09:55:30
 PAGE 1

ACCT. NAME: TAYLOR, FREDDIE
 BED: DEN3W006

ACCT#: 0400168
 TYPE: INMATE

ENDING BALANCE 07/31/03 \$ 0.00 INCLUDES CANTEEN LIMIT OF \$ 0.00

BATCH DATE	NBR.	TYPE	REFERENCE NUMBER	FACL	+/-	AMOUNT	BALANCE
07/22/03	029	CASHLS CANTEEN-I	2003-07-22	3600	- \$	15.00	\$ 0.00
07/21/03	011	MONEY ORDER DEP.	73555496USPS	3600	+ \$	15.00	\$ 15.00
07/06/03	006	CASHLS CANTEEN-I	2003-07-04	3600	- \$	3.42	\$ 0.00
07/06/03	006	CASHLS CANTEEN-I	2003-07-03	3600	- \$	6.67	\$ 3.42
07/02/03	020	CASHLS CANTEEN-I	2003-07-02	3600	- \$	5.55	\$ 10.09
07/01/03	017	CASHLS CANTEEN-I	2003-07-01	3600	- \$	9.36	\$ 15.64
06/30/03	004	MONEY ORDER DEP.	73527001USPS	3600	+ \$	25.00	\$ 25.00
06/25/03	025	CASHLS CANTEEN-I	2003-06-25	3600	- \$	33.20	\$ 0.00
06/23/03	019	CASHLS CANTEEN-I	2003-06-23	3600	- \$	0.18	\$ 33.20
05/20/03	024	CASHLS CANTEEN-I	2003-05-20	3600	- \$	1.37	\$ 33.38
05/19/03	008	CASHLS CANTEEN-I	2003-05-19	3600	- \$	0.64	\$ 34.75
05/18/03	007	CASHLS CANTEEN-I	2003-05-18	3600	- \$	1.46	\$ 35.39
05/18/03	007	CASHLS CANTEEN-I	2003-05-17	3600	- \$	1.36	\$ 36.85
05/18/03	007	CASHLS CANTEEN-I	2003-05-16	3600	- \$	6.79	\$ 38.21
05/16/03	021	SPECIAL DRAW CHK	360009052	3600	- \$	2.00	\$ 45.00
05/14/03	017	COPAY WITHDRAWAL	0317032105I	3600	- \$	3.00	\$ 47.00
05/14/03	013	MONEY ORDER DEP.	71998388USPS	3600	+ \$	50.00	\$ 50.00
05/09/03	009	TRANSFER IN		3600	+ \$	0.00	\$ 0.00
05/09/03	018	TRANSFER OUT		3310	- \$	0.00	\$ 0.00
04/10/03	016	TRANSFER IN		3310	+ \$	0.00	\$ 0.00
04/10/03	018	TRANSFER OUT		4855	- \$	0.00	\$ 0.00
03/02/03	010	CASHLS CANTEEN-I	2003-02-28	4855	- \$	0.12	\$ 0.00
02/23/03	008	CASHLS CANTEEN-I	2003-02-21	4855	- \$	2.56	\$ 0.12
02/16/03	008	CASHLS CANTEEN-I	2003-02-14	4855	- \$	0.71	\$ 2.68
02/09/03	009	CASHLS CANTEEN-I	2003-02-07	4855	- \$	4.41	\$ 3.39

DEBT DATE	DEBT TIME	TYPE OF DEBT	AMOUNT OF DEBT	AMOUNT STILL OWED
07/28/03	09:00	DENTAL -HYGIENE/INMATE INIT	\$ 3.00	\$ 3.00

C E R T I F I C A T E

I hereby certify that the petitioner herein has the sum of
\$ - 0 - on account to his credit at the Southern Correctional
institution where he is confined. I further certify that petitioner
likewise has the following securities to his credit according to the
records of said Southern Correctional institution: _____

NONE

This 6 day of August, 2003.

Nancy J. Gansy

Authorized Officer of Institution